

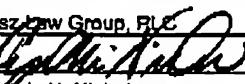
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/786,136
		Filing Date	2/26/2004
		First Named Inventor	ITO
		Art Unit	2123
		Examiner Name	Janakiraman
Total Number of Pages in This Submission	4	Attorney Docket Number	01-580

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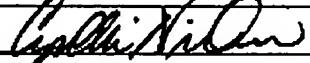
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC). <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	
		Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	16 May 2008	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cynthia K. Nicholson	Date	16 May 2008

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<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit 2123																																																						
TOTAL AMOUNT OF PAYMENT	(\$) 970	Attorney Docket No. 01-560																																																						
METHOD OF PAYMENT (check all that apply)																																																								
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number. <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																								
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Name (Print/Type)	Cynthia K. Nicholson																																																							
Registration No. (Attorney/Agent)	36,880																																																							
Telephone	(703) 707-9110																																																							
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